

Positive Case Protocols and Contact Tracing -March 23rd Noon

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1. **Description of issue:** businesses must define and implement well-defined protocols for:
 - The careful management of positive cases of COVID-19 that emerge in their workplace
 - Contact tracing – i.e., the identification and disposition of all known contacts with the positive case who are themselves at elevated risk and may need to be quarantined, as well as known locations with which the positive case had contact in order to initiate CDC compliant cleaning and sanitation protocol.

General best practices for your policy:

- Share how your company will manage a potential positive case prior to an infection prepare to implement them at your own facilities.
- Clearly define the different levels of contact.
- Identify both individuals and locations that the positive case has contacted.
- Identify the contact trace process, including roles and responsibilities.
- Continually update with the main focus being on employee health and well-being.

CDC Resources:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>

Detailed sample communication on following pages:

Sample A: International manufacturing company

I. Purpose

Provide guidance on how suspected cases of coronavirus disease (COVID-19) will be managed at [Company Name] facilities.

II. Applicability

This guidance is globally applicable at all [Company Name] facilities. It is not intended to replace protocols recommended by government or international health organizations. If local/country/international requirements are stricter than this guideline, then the stricter rule will apply.

Sites are expected to follow all local government regulations.

III. Superseded Medical Guidance

This medical guidance document is new.

IV. Medical Guidance

[Company Name] Health Center staff and emergency response personnel are expected to practice universal precautions and wear appropriate PPE (gloves, N95 mask) for any encounter with a suspected COVID-19 case.

STEP	ACTION PLAN
1	<p>Employee or contractor presents with symptoms of acute respiratory illness (e.g. fever, cough and/or difficulty of breathing) to manager or others.</p> <p>If employee/contractor calls Health Center, HR, LR, or others, proceed to Step 2 and begin data collection process.</p> <ul style="list-style-type: none">• Activate site medical emergency response system stating possible COVID-19 case on site• First Responders arrive:<ul style="list-style-type: none">○ Don appropriate PPE○ Provide employee/contractor with surgical mask or N95 mask and ask them to don mask to reduce exposure to others○ Minimize exposure to other employees during process○ Transport employee/contractor to the [Company Name] Health Center (Employee may walk to Health Center if able). If no [Company Name] Health Center or medical personnel onsite, take employee/contractor to empty

[Company Name] Medical – Medical Guidance			
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	conference room or other secluded area near the employee exit and notify site HR/LR.
2	<p>No [Company Name] Health Center/Medical Personnel Onsite</p> <ul style="list-style-type: none"> • HR/LR can talk to employee by phone to minimize exposure. If HR/LR prefers face-to-face discussion, don an N95 mask before talking to employee/contractor. • Complete only the [Company Name] Contact Tracing section of Appendix B. Instructions can be found in Appendix C. <u>Do not collect any personal medical information.</u> • Provide employee/contractor with a copy of Appendix D • Explain return to work requirements as outlined in Appendix D • Refer employee/contractor to a local hospital, clinic, or their personal physician for evaluation <ul style="list-style-type: none"> ○ If the employee/contractor is able to transport themselves for evaluation: <ul style="list-style-type: none"> ▪ Instruct the employee/contractor to: <ul style="list-style-type: none"> • Wear their mask when they are around other people • Call their healthcare provider before arriving for an appointment tell them they may have COVID-19 to help the healthcare provider take steps to keep other people from getting infected or exposed. ▪ If employee/contractor is unable to independently transport for evaluation arrange for ambulance transport <ul style="list-style-type: none"> ▪ Notify EMS if used that the employee/contractor or contract worker has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to their arrival. • Notify local communications • Proceed to Step #6
3	<p>[Company Name] Health Center Onsite</p> <ul style="list-style-type: none"> • Put on N95 mask. Don other PPE as appropriate if performing medical exam (i.e. Gown, gloves, N-95 Respirator, and eye protection) • Ensure employee/contractor is wearing a mask • Escort employee/contractor to separate area of Health Center for medical evaluation. Alternately, site can designate a room located near employee exit for evaluation of all suspect COVID-19 cases. • Evaluate the employee/contractor based on WHO case definition (see Appendix A) <ul style="list-style-type: none"> ○ If employee/contractor DOES NOT meet case definition for suspected COVID-19, proceed to Step 4 ○ If employee/contractor meets case definition for suspected COVID-19, proceed to Step #5

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	<ul style="list-style-type: none"> • Ensure proper medical waste disposal of any PPE used by during medical evaluation
4	<p>Employee/Contractor does not meet case definition for suspected COVID-19.</p> <ul style="list-style-type: none"> • Provide supportive care to alleviate symptoms (e.g. over-counter-medications, Acetaminophen for fever, etc.) • Either send home to seek medical attention or return to work <ul style="list-style-type: none"> ○ If employee/contractor is unable to independently transport home, arrange for home/hospital transport • Follow-up with the employee/contractor as needed
5	<p>Employee/Contractor meets case definition for suspected COVID-19.</p> <ul style="list-style-type: none"> • Provide supportive care to alleviate symptoms (e.g. over-counter-medications, Acetaminophen for fever, etc.) • Complete all sections of Appendix B. Review Appendix C for instructions on how to complete [Company Name] Contact Tracing • Provide employee/contractor with a copy of Appendix D • Explain return to work requirements as outlined in Appendix D • Provide the employee/contractor with instructions on what to do if they are sick with COVID-19 from the following link: https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf • Refer employee/contractor to a local hospital, clinic, or their personal physician for evaluation <ul style="list-style-type: none"> ○ If the employee/contractor is able to transport themselves for evaluation: <ul style="list-style-type: none"> ▪ Instruct the employee/contractor to: <ul style="list-style-type: none"> • Wear their mask when they are around other people • Call their healthcare provider before arriving for an appointment tell them they may have COVID-19 to help the healthcare provider take steps to keep other people from getting infected or exposed. ○ If employee/contractor is unable to independently transport for evaluation arrange for ambulance transport <ul style="list-style-type: none"> ▪ Notify EMS if used that the employee/contractor or contract worker has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to their arrival.
6	<p>Notifications:</p> <ul style="list-style-type: none"> • Notify local HR/LR/Security of case. They will activate Contagious Disease ERP protocol for the site. • Notify local communications • Notify housekeeping to complete disinfection following their protocol. Disinfection should include:

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	<ul style="list-style-type: none"> ○ Employee work area and equipment ○ Health Center or facility room where employee/contractor investigation was conducted ○ Any other areas where the employee/contractor might have been in the last 24-48 hours. ○ Keep disinfected areas free of people for 1-2 hours post disinfection, if possible. ○ Health Center practitioners will use an EPA-registered, hospital-grade disinfectant to clean surfaces or objects touched by the worker according to manufacturer guidelines.
7	<p>Complete Contact Tracing (See Appendix C)</p> <ul style="list-style-type: none"> ● Complete contact tracing investigation, talk to contacts to verify possible exposure, finalize contact list. ● Contacts do not need to observe 14-day isolation from work period at this time unless this is a requirement by local health officials or government.
8	<p>If employee/contact confirmed to have COVID-19 OR no information received from employee/contractor within 24 hours:</p> <ul style="list-style-type: none"> ● Notify HR/LR that all identified contacts need to observe a 14-day isolation from work period. <ul style="list-style-type: none"> ○ HR/LR will notify local and corporate communications ● Notify your Manager or Regional Medical Director ● Health Center/Emergency response/HR/LR personnel who had contact with the employee/contractor should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify Health Center supervisor or their public health authority to arrange for appropriate evaluation.

V. Appendix

Appendix sections are separated for ease of printing.

Appendix A

World Health Organization Case Definition for COVID-19

27 Feb 2020

Suspected Case

Individuals meeting any of the following criteria should be investigated and tested for COVID-19 infection.

- 1) A patient with acute respiratory illness as defined by fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), **AND**
 - a) No other etiology that fully explains the clinical presentation **AND**
 - b) A history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset.
- 2) A patient with any acute respiratory illness, **AND**
 - a) Having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms.
- 3) A patient with severe acute respiratory infection as defined by fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath), **AND**
 - a) Requiring hospitalization **AND**
 - b) With no other etiology that fully explains the clinical presentation.

Probable Case

A suspect case for whom testing for COVID-19 is inconclusive.

Confirmed Case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Definition of contact

A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE)² for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom or household gatherings)
- Traveling together in close proximity (1 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.

Link for lab page: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>

Form Date: 3/6/20

Appendix B

Index Case Information Collection Sheet

Use this form to collect information from index cases (individuals with a known or suspected COVID-19 infection). Data can be scanned or entered into Cority.

Name: _____ ID#: _____

Job Title: _____

Department/Line: _____

Cell Phone #: _____

Date Symptoms Started: _____

Description of Symptoms

Pre-existing Medical Conditions

Travel History Within Last 2 Weeks

Record of [Company Name] Contact Tracing (See Appendix C for Instructions)

Recorded By: _____ Date: _____

Appendix C

Guidelines for Contact Tracing

What is contact tracing?

This is the process of identifying contacts of an infectious person. It is an important part of controlling the spread of disease. Contacts who have been exposed to an illness may become sick themselves and/or may spread the disease to others.

Who is a contact?

A contact is a person who has interacted with (or may have interacted with) a person who has an infectious disease. Contacts have been exposed to an index case (the originally infected person) while the index case was infectious. One index case may have many contacts.

Why contact trace?

- To reduce the spread of a particular disease. Contacts that are notified of their possible infection can be treated earlier. They can also prevent spreading their infection by practicing increased hygiene measures, isolating themselves, etc.
- Contact tracing also allows [Company Name] to monitor the disease impact on the organization. Some regions may impose legal guidelines concerning contact tracing. Public health authorities may carry out contact tracing, and organizations are encouraged to assist as much as possible.

Are there different levels of contact?

Yes. The risk of contracting an illness is higher for those who had close contact with an index case. There are three levels of contact:

1) Close Contacts

People who have cared for or lived with the index case or people who had a high likelihood of direct unprotected contact with respiratory secretions and/or body fluids of the index case (such as family members and health care workers) are considered to have had close contact. Examples of close contact are kissing, hugging, sharing eating or drinking utensils, talking within one meter (3 feet) of the person, and direct touching. Sitting next to someone for hours in an enclosed space (such as on a plane or in a meeting room or cinema) would be considered close contact.

Close contact does NOT include activities such as walking past a person or briefly sitting across a waiting room or office.

2) Intermediate Contacts

Colleagues, social contacts, fellow employees who may have shared an environment for prolonged periods of time but did not come within one meter (3 feet) for more than short periods.

FormDate:

3) **Distant Contacts**

People who were with the index case in public places and facilities for brief periods of time.

When should we start contact tracing?

If someone in your organization has a suspected, probable or confirmed COVID-19 infection, activate tracing of close contacts.

How do we contact trace?

- 1) Collect information from the index case. It is preferable to do this on the phone to avoid becoming a contact yourself.
- 2) Record the sick person's contacts. (Use Appendix B – Index Case Information Collection Sheet)
- 3) If there is any question communicate with the people who may be contacts of the index case to gather additional information.
 - Find out if they have been in proximity of the index case. Ask the contact to confirm the time and place where they may have interacted with the sick person.
 - If the suspected contact says they have not interacted with the index case, record it.
 - Regardless of their exposure to the sick person, ask the suspected contact if they have any symptoms. If yes, advise to seek medical attention at the hospital immediately. If needed, arrange referral to authorized screening facilities.
 - Assess the probability that the contact has acquired their infection from the index case (high / intermediate / low / none) on the contact list.
- 4) When contact tracing, consider all possible routes of infection:
 - The index case may have given the illness to a contact.
 - The index case may have acquired the illness from a contact.
 - The index case and the contact may have acquired the disease from a common source.
 - The index case and the contact may have acquired the disease independently of one another.

To determine which of the above routes is most likely, ask for detailed information from both the index case and their contacts. Note that if a contact is sick and their illness is confirmed, this contact now becomes an index case (whose contacts must then be traced). Be sure to collect all required index case information from this person.

Encourage the index case to perform their own contact tracing outside of the organization, notifying friends, relatives, etc. of their possible exposure.

What must we do once contacts are identified?

Follow [Company Name] Action Plan Step 7.

In most cases contacts do not need to observe 14-day isolation from work period at this time unless this is a requirement by local health officials or government.

You may be required to provide medical investigation data to local public health authorities.

FormDate:

Appendix D

Return to Work Process Steps

In order to be allowed to return to the work environment please complete the following steps

- 1) Please go to a local hospital, clinic, or your physician to be evaluated for possible coronavirus (COVID-19) infection.
- 2) If lab testing or a physician verifies you have coronavirus (COVID-19):
 - a. Please contact the [Company Name] Health Center or HR at the following number to inform them of your diagnosis.

Call - _____
 - b. Contact the Disability plan
 - c. You will need to remain home until you are no longer contagious. Do not return to work until your personal physician verifies you are no longer contagious. This is usually 2-3 days after your symptoms fully resolve.
 - d. When you are ready to return to work please contact the local [Company Name] Health Center by phone BEFORE returning to work for instructions.
 - e. You may be required to bring in a physician note stating you are no longer contagious.
- 3) If lab testing or a physician demonstrates you do not have coronavirus (COVID-19) or another contagious disease (e.g. Influenza):
 - a. You may return to the work.
 - b. Please bring your medical release statement to the [Company Name] Health Center or HR.

If you have questions, please contact the local [Company Name] Health Center or HR.

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VI. Revision History

Copies of previous documents are retained on file. Contact [Company Name] Global Medical Governance Manager to obtain prior versions of this procedure.

Change Date (mm-dd-yy)	Summary of Revisions Made to the Previous Version	Changed By

Minor changes to the document should be detailed in the “Revision Comments” section of the table above. Significant changes made to the document do not need to be fully listed. Instead state “Significant changes made which require reading of the entire document”.

Sample B: International manufacturing company

Guidelines for Contact Tracing

What is contact tracing?

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Who is a contact?

A contact is a person who has interacted with (or may have interacted with) a person who has an infectious disease. Contacts have been exposed to an index case (the originally infected person) while the index case was infectious. One index case may have many contacts.

Why contact trace?

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Are there different levels of contact?

Yes. The risk of contracting an illness is higher for those who had close contact with an index case. There are three levels of contact:

1) **Close Contacts**

People who have cared for or lived with the index case or people who had a high likelihood of direct unprotected contact with respiratory secretions and/or body fluids of the index case (such as family members and health care workers) are considered to have had close contact. Examples of close contact are kissing, hugging, sharing eating or drinking utensils, talking within one meter (3 feet) of the person, and direct touching. Sitting next to someone for hours in an enclosed space (such as on a plane or in a meeting room or cinema) would be considered close contact.

Close contact does NOT include activities such as walking past a person or briefly sitting across a waiting room or office.

2) **Intermediate Contacts**

Colleagues, social contacts, fellow employees who may have shared an environment for prolonged periods of time but did not come within two meters (6 feet) for more than short periods.

3) **Distant Contacts**

People who were with the index case in public places and facilities for brief periods of time.

When should we start contact tracing?

If someone in your organization has a suspected, probable or confirmed COVID-19 infection, activate tracing of close contacts.

How do we contact trace?

- 1) Collect information from the index case. It is preferable to do this on the phone to avoid becoming a contact yourself.
- 2) Record the sick person's contacts.
- 3) If there is any question communicate with the people who may be contacts of the index case to gather additional information.
 - Find out if they have been in proximity of the index case. Ask the contact to confirm the time and place where they may have interacted with the sick person.
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To determine which of the above routes is most likely, ask for detailed information from both the index case and their contacts. Note that if a contact is sick and their illness is confirmed, this contact now becomes an index case (whose contacts must then be traced). Be sure to collect all required index case information from this person.

Encourage the index case to perform their own contact tracing outside of the organization, notifying friends, relatives, etc. of their possible exposure.

What must we do once contacts are identified?

For all those that are considered "close contact" or "intermediate contact" observe 14-day isolation from work period. You may be required to provide medical investigation data to local public health authorities.